



Section	Psychiatric Health Facility (PHF)	Effective:	8/24/16
Sub-section	Medications		
Policy	Medication Disposal	Last Revised:	9/13/16
Policy #			
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Leslie Lundt, MD		
Supersedes:	New policy	Audit Date:	9/13/19

1. PURPOSE/SCOPE

- 1.1. To comply with all state and federal laws and regulations regarding the proper disposal of controlled and non-controlled medications.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Licensed Nursing Staff (LNS)** – an individual employed or contracted by the PHF who holds a valid California license as a: registered nurse (RN); licensed vocational nurse (LVN); or psychiatric technician (PT).
- 2.2. **Manifest** – an invoice documenting comprehensive details for medication disposal, including patient identifier, drug name, drug dose, and number of pills.
- 2.3. **Schedule II, III-V medications** – a classification of drugs as defined by the United States Controlled Substances Act that have a high potential for abuse and may lead to physical and psychological dependence.

3. POLICY

- 3.1. Medications that are found to be expired, abandoned, refused, unverifiable, not administered, partial-doses (i.e. half tablets, unused portions of single dose vials or leftover ampules) or contaminated will be disposed of in accordance with DEA regulations found in 21 CFR 1317.10 and 21 CFR 1317.85.
- 3.2. A contracted pharmacist, in collaboration with a Psychiatric Health Facility (PHF) registered nurse (RN), will conduct a monthly on-site review of medications needing disposal and/or determine if any current medication inventory must be disposed.

- 3.3. Drugs listed in Schedules II, III-V (hereafter “controlled medications”) will be processed and packaged for disposal in the presence of the contracted pharmacist and a PHF RN and signed by all witnesses. Disposal will be recorded in the *Medication Disposal Log (Controlled)* (see Attachment A). Logs will be retained for at least three (3) years.
- 3.4. Drugs not listed under Schedules II, III-V (hereafter “non-controlled medications”) will be processed for disposal by a PHF Registered Nurse (RN). Disposal will be recorded in the *Medication Disposal Log (Non-Controlled)* (see Attachment A). Logs will be retained for at least three (3) years.

4. CONTROLLED MEDICATION DISPOSAL PROCEDURE

- 4.1. When disposing of controlled medication, LNS and one (1) RN will place the medication in a labeled, small envelope and deposit the envelope in the designated locked drop box stored in the medication room.
1. The small envelope will be labeled with the patient’s name, medication name, dosage, number of pills and initials of the two (2) witnesses.
 2. The disposal will be documented on the patient’s individual *Controlled Drug Record* (see Attachment A) and the *Medication Disposal Log (Controlled)* (see Attachment B).
 3. Only the contracted pharmacist may possess the key to the locked drop box and directly access the contents.
- 4.2. Processing, packaging and shipment of controlled medication for destruction will be carried out by the contracted pharmacist and RN on a monthly basis.
1. During processing, the contracted pharmacist will input medication information electronically via the certified return distribution vendor’s website. The contracted pharmacist will provide the PHF Nursing Supervisor a printed manifest of all medications shipped for destruction.
- 4.3. All controlled medication will be packaged for shipment in the presence of the contracted pharmacist and RN. The packaged controlled medication must be sealed and shipped to the certified return distribution vendor for destruction immediately.

5. NON-CONTROLLED MEDICATION DISPOSAL PROCEDURE

- 5.1. Non-controlled medication will be placed in the designated disposal container by LNS. The LNS will document the disposal on the *Medication Disposal Log (Non-Controlled)* (see Attachment B).
- 5.2. Non-controlled medication will be removed and destroyed by the contracted pharmacist on a monthly basis.

6. DOCUMENTATION

6.1. The completed logs will be stored in the medication room in a binder labeled “Medication Disposal Log Book” with the date range indicated. Filled binders will be stored off unit in a secured storage space for a period of at least three (3) years. At the end of that time the documents will be securely shredded to prevent exposure of confidential medical information.

ASSISTANCE

Charlotte Balzer-Gott, RN, PHF Nursing Supervisor

REFERENCE

California Code of Regulations – Social Security
Title 22, Section 77079.10(c)(1)(2)

United States Department of Justice – Drug Enforcement Administration (DEA)
Secure and Responsible Drug Disposal Act, September 9, 2014.
http://www.deadiversion.usdoj.gov/drug_disposal/dear_registrant_disposal.pdf

Code of Federal Regulations
Title 21, Part 1317, Section 1317.95

ATTACHMENTS

Attachment A – *Controlled Drug Record*
 Attachment B – *Medication Disposal Log*

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
9/13/16	1.1	<ul style="list-style-type: none"> Added <i>partial-doses</i> as a type of medication subject to disposal procedures. Added the <i>Controlled Drug Record</i> as required documentation for controlled medication disposal. Explained contracted pharmacist’s responsibility to input controlled medications to be destroyed into the certified return distribution vendor’s website.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).

Attachment A

Total amount received: _____
Received By: _____
Date: _____

HOMETOWN LTC PHARMACY

A Specialty Pharmacy
1450 West McCoy Lane Suite B
Santa Maria, CA 93455
Phone: (805)928-2200
Fax: (805)928-6200

Place Label here

CONTROLLED DRUG RECORD

DATE	TIME	NO.	SIGNATURE	DATE	TIME	NO.	SIGNATURE	DATE	TIME	NO.	SIGNATURE
		124				62				31	
		123				61				30	
		122				60				29	
		121				59				28	
		120				58				27	
		119				57				26	
		118				56				25	
		117				55				24	
		116				54				23	
		115				53				22	
		114				52				21	
		113				51				20	
		112				50				19	
		111				49				18	
		110				48				17	
		109				47				16	
		108				46				15	
		107				45				14	
		106				44				13	
		105				43				12	
		104				42				11	
		103				41				10	
		102				40				9	
		101				39				8	
		100				38				7	
		99				37				6	
		98				36				5	
		97				35				4	
		96				34				3	
		95				33				2	
		94				32				1	

Doses discharged with patient: Quantity: _____ Date: _____ Party Receiving: _____ Nurse: _____
Doses disposed : Method: _____ Quantity: _____ Date: _____ Signature/title _____ Signature/Title _____

Attachment B

NON-CONTROLLED MEDICATIONS DISPOSED

CONTROLLED MEDICATIONS DISPOSED
(NURSE + WITNESS)

MEDICATION DISPOSAL LOG

PATIENT	MEDICATION Name/ Strength/NDC	RX#	DATE DISPOSED	AMOUNT DISPOSED	REASON FOR DISPOSAL	DISPOSED OF BY (SIGNATURE)	WITNESSED (SIGNATURE)

** COMPLETE ONE FORM FOR CONTROLLED MEDICATION DISPOSAL AND ONE FORM FOR NON-CONTROLLED MEDICATION DISPOSAL